

READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see DA PAM 600-81 AND AR 600-8-101; This form is subject to the Privacy Act of 1974. IAW PL 53-579, 1974. SEE 5 USC 552a.; the proponent agency is ODCSPER

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization)

Processing; and EO 9397 (SSN).

PURPOSE: To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)		3. SSN	
4. SERVICE AFFILIATION		5. COMPONENT		6. STATUS	
<input type="checkbox"/> USA	<input type="checkbox"/> USCG	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> TPU	<input type="checkbox"/> RET	7. PAY PLAN/GRADE
<input type="checkbox"/> USN	<input type="checkbox"/> PHS	<input type="checkbox"/> GUARD	<input type="checkbox"/> IRR	<input type="checkbox"/> NG10	
<input type="checkbox"/> USAF	<input type="checkbox"/> NOAA	<input type="checkbox"/> RESERVE	<input type="checkbox"/> IMA	<input type="checkbox"/> NG32	
<input type="checkbox"/> USMC	<input type="checkbox"/> NON-MILITARY	<input type="checkbox"/> AGR			
9. NON-MILITARY STATUS			10. TRAVEL STATUS		
<input type="checkbox"/> DOD	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> AAFES	a. UNIT ORDER		11. DATE OF BIRTH (YYYYMMDD)
<input type="checkbox"/> DAC	<input type="checkbox"/> RED CROSS	<input type="checkbox"/> OTHER (Specify)	b. INDIVIDUAL		
12. JOB TITLE			13. ASI		14. CITIZENSHIP COUNTRY
15. LANGUAGE SPECIALTIES		16. DATE LANGUAGE CERTIFIED (YYYYMMDD)			17. DEPLOYMENT COUNTRY
18. PARENT UNIT		19. PARENT UIC		20. UNIT DSN PHONE NUMBER	21. UNIT PHONE NUMBER

22. OVERALL STATUS OF EACH SECTION

a. Readiness Certification		b. Personnel		c. Finance		d. Legal		e. Supply and Logistics	
<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO
f. Training		g. Security		h. Medical		i. Dental		j. Vision	
<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO	<input type="checkbox"/> GO	<input type="checkbox"/> NO/GO

SECTION I - DEPLOYMENT VALIDATION

Part A. Accuracy Statement: I understand I am certified for deployment and to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF SOLDIER	2. RANK	3. TITLE
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Part B. Commander's Acknowledgement: (Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I Acknowledge the SRP Sites findings.

4. PRINTED NAME (CDR or AG)		5. RANK	6. TITLE
7. SIGNATURE		8. ADDRESS	
9. PHONE NUMBER	10. E-MAIL ADDRESS	11. DSN NUMBER	12. FAX NUMBER

Part C. Deployment Validation: ALL READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL		14. RANK	15. TITLE
16. SIGNATURE OF VALIDATING DEPLOYMENT OFFICIAL		17. ADDRESS	
18. PHONE NUMBER	19. E-MAIL ADDRESS	20. DATE (YYYYMMDD)	21. FAX NUMBER

The Readiness and Deployment Checklist is filed in the Deployment Packet to complete the action. A copy remains at the losing organization.

NAME (Last, First Middle)					SSN			
					READINESS CERTIFICATION		DEPLOYMENT VALIDATION	
SECTION II - PERSONNEL					GO	NO GO	NA	DATE (YYYYMMDD)
					GO	NO GO	NA	DATE (YYYYMMDD)
1. Emergency Data Record, DD Form 93 review and update (initial and date copy) DP								
2. SGLV Form 8286 and 8286A, FEGLI, review and update (initial and date copy)								
3. ID Tags (two sets w/chains) current DP								
4. Common Access Card: DD Form 2 (active/reserve), 1173, 1173-1 issued								
6. Medical Warning Tag issued, when required								
7. ETS/ESA date pending within deployment period								
8. Permanent Physical Profile 3 or 4 (MMRB pending or complete)								
9. Single parent or military couple in adoption process (waivable)								
10. Mother of newborn (first 4 months) (waivable)								
11. Conscientious objector status: pending = GO, approved = consider duty restrictions								
12. BT/AIT or equivalent training completed (includes OBC, WOBC)								
13. All previous discharge certificates (DD Forms 214 or 220), if applicable								
14. RC only upon alert: Mobilization Orders								
15. DA CIV only: Deployment information in CIVTRACKS								
16. Passport or Visa requested or in possession, if required (carried by person)								
17. Sole surviving son or daughter (waivable)								
18. Turkish or German citizen deploying through/to that country								
19. Former Peace Corps member (for deployment country only)								
20. Former hostage/POW in deployment area (waivable)								
21. Chaplain: Appointment or visit, if requested								
22. Army Community Service: Family Support Group or ACS info provided								
23. Approved Family Care Plan, DA Form 5305-R, if required								
24. Project PERSTEMPO days and input into the PERSTEMPO web-site for all deployments.								
25. Emergency Essential Mobility Agreement								
26a. Signature of Certifying Official				26b. Rank/Title		26c. Date		
SECTION III - FINANCE								
1. Enrolled in SUREPAY/Direct Deposit								
2. Entitlements verification of administration pay data (include deployment area entitlements and BAH)								
3. Travel claims initiated or settled								
4a. Signature of Certifying Official				4b. Rank/Title		4c. Date		
SECTION IV - LEGAL								
1. Will Counseling or Education								
2. Power of Attorney (POA)								
3. Domestic violence investigation pending (weapon prohibition)								
4a. Signature of Certifying Official				4b. Rank/Title		4c. Date		
SECTION V - SUPPLY AND LOGISTICS								
1. Personal military clothing, basic issue or like quantities								
2. Organizational clothing and equipment issued for duty MOS								
3. DD Form 2506, government provided storage of personnel items.								
4. Weapon Issued, if applicable - Serial Number:								
5. Theater specific clothing issued								
6. Theater specific equipment issued								
7a. Signature of Certifying Official				7b. RANK		7c. Date		

NAME (Last, First Middle)					SSN						
SECTION VI -TRAINING					READINESS CERTIFICATION			DEPLOYMENT VALIDATION			
					GO	NO GO	NA	DATE (YYYYMMDD)	GO	NO GO	NA
1. Weapons qualification, if applicable											
2. Military Drivers Licence (OF 346) Issued, if applicable											
3. Force Protection Training administered											
4. OPSEC/SAEDA Briefing											
5. CTT completed, as required											
6. Deployment Briefing to Family Members (only upon alert)											
7. Safety and Local laws for deployment area briefing											
8. Media Awareness Training											
9. Theater specific training requirements completed											
10. Briefings (UCMJ, Terrorist, Geneva Convention, Law of Land Warfare), as required (Soldiers and Sailors Relief Act, Reemployment rights, ESGR, Civilian or criminal matters impacting mobilization.											
11a. SIGNATURE OF CERTIFYING OFFICIAL				11b. RANK/TITLE					11c. DATE (YYYYMMDD)		
SECTION VII- SECURITY											
1. Security clearance meets requirement for duty position											
2. Security clearance meets requirement for deployment mission											
3a. SIGNATURE OF CERTIFYING OFFICIAL				3b. RANK/TITLE					3c. DATE (YYYYMMDD)		
SECTION VIII- MEDICAL											
1. Shot record, International Certificate of Vaccination , PHS 731											
2. Immunizations current (DD Form 2766)											
3. Current DA Form 7349 on hand (USAR)											
4. Human Immunodeficiency Virus (HIV) Antibody Test current, if required											
5. DNA tissue sample on file AFIP, SF Form 600, if required											
6. Exceptional Family Member											
7. Medical Record Review											
8. Female: Pregnancy Profile Yes/No											
9. DEERS updated											
10. Current physical exam on hand: soldier found qualified (IRR)											
11. Hearing aid with extra batteries, if required											
12. Physical Profile, temporary or permanent that restricts deployment?"											
13. Medical Pre-Deployment Health assessment questionnaire (DD Form 2795)											
14. Theater specific immunizations required for deployment area.											
15. Prescriptions, sufficient supply; minimum 90 day if OCONUS)											
SECTION IX - DENTAL											
1. Dental Record on file											
2. Panographic X ray											
3. Dental Classification Date											
4. Dental classification. (1 or 2 = GO; 3 or 4 = NO GO)											
SECTION X - VISION											
1. Best Corrected Binocular Visual Acuity (no worse than 20/40)											
2. Eyeglasses (two pair, one pair may be civilian or Frame of Choice) if required											
3. Protective Mask Inserts if required											
4. Other Military Eye wear if required											
5. Vision Readiness Classification (1 or 2 = GO 3 or 4 = No GO)											
6. Eyeglasses (two pair, one pair may be civilian style), if required											
7a. PRINTED NAME AND RANK OF CERTIFYING DEPLOYMENT OFFICIAL					7b. DATE (YYYYMMDD)						
7c. SIGNATURE OF CERTIFYING DEPLOYMENT OFFICIAL											
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